



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER

**REQUEST FOR REIMBURSEMENT OF DRINKING WATER  
OPERATOR CERTIFICATION TRAINING EXPENSES**

- Fill out this form completely.
- Include/Attach the following:
  - All receipts of incurred expenses for which you are seeking reimbursement (for expenses incurred on or after September 1, 2002 only)
  - A copy of applicable course completion certificate(s)
  - A copy of the Notice to Appear letter for a T-1 or W-1 examination (for Intro course only)
  - State of New Jersey Payment Voucher (Vendor Invoice) form
    - Complete sections D and F only
  - State of New Jersey W-9 questionnaire form
    - Complete Name/Address portion and lines 4 and 6 of Part I only
- Submit to:  
N.J. Department of Environmental Protection  
Bureau of Safe Drinking Water  
Attn: Joseph duRocher  
P.O. Box 426  
Trenton, New Jersey 08625-0426

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
No. & Street

\_\_\_\_\_ City State Zip Code

Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

For what course(s) are you seeking reimbursement? (circle all that apply and fill in amount):  
Note: If course is divided into two parts, you must complete both parts to qualify for reimbursement

Introduction to Water & Wastewater Operations Amount: \$ \_\_\_\_\_  
Advanced Water Operations Amount: \$ \_\_\_\_\_

For what textbooks are you seeking reimbursement? (Circle all that apply and fill in amount):  
Note: Maximum reimbursement allowed for text is limited to the price charged by California  
State University – Sacramento, Office of Water Programs

Water Treatment Plant Operation – Volume I Amount: \$ \_\_\_\_\_  
Water Treatment Plant Operation – Volume II Amount: \$ \_\_\_\_\_  
Water Distribution System Operation & Maintenance Amount: \$ \_\_\_\_\_  
Utility Management Amount: \$ \_\_\_\_\_

Total Amount of Reimbursement Requested: \$ \_\_\_\_\_

NJDEP USE ONLY

Date received: \_\_\_\_\_

Approved: Amount \$ \_\_\_\_\_

Disapproved: Amount \$ \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_